N. 125 4

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7590

11/04/2005

Mr. Stanley E. Woodard P. O. Box 7976 Hampton, VA 23666

01/20/2006 EHAILE2 00000024 09753370

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Dr. Stanley E.	. Woodard	(Depositor's name)
Minla	y newsard	(Signature)
Jan 11, 2006		(Date)

APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/753,370	01/02/2001	Stanley	E. Woodard	LAR 15959-1	1665
ITLE OF INVENTION: M	ETHODS AND APPARATU	S TO INCREASE SOUND	QUALITY OF PIEZOELECT	RIC DEVICES .	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/06/2006
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EXAMINER	ART UN	IIT	CLASS-SUBCLASS		
LEE, BENJAMIN C 2632		2 340-384600		_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the nar or agents ((2) the nan registered 2 registere	ting on the patent front page, mes of up to 3 registered paton OR, alternatively, me of a single firm (having as attorney or agent) and the na d patent attorneys or agents. I lame will be printed.	ent attorneys 1 a member a 2 mes of up to	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Dr. Stanley E. Woodard

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hampton, Virginia Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🔲 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 🔀 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

🔀 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jan 11, 2006

Stanley E. Woodard Typed or printed name

Registration No.

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